Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

• Do not enter social security numbers on this form as it may be made public. tions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	Go to www.irs.gov/Form990 for instruc

AF	or th	e 2021 calendar year, or tax year beginning and er	nding		
B c	Check if pplicab	le: C Name of organization		D Employer identifie	cation number
	Addre	NATIONAL BREAST CANCER COALITION			
	Name Chang	pe Doing business as		23-26933	72
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	oom/suite	E Telephone number	r
	Final returr		00	202-296-	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	255,959.
	Amer	WASHINGTON, DC 20030		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer: FRANCES M. VISCO		for subordinates	? Yes X No
	penu	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		tempt status: $501(c)(3)$ X $501(c)$ 4) (insert no.) 4947(a)(1) or	527		list. See instructions
		te: WWW.STOPBREASTCANCER.ORG		H(c) Group exemptio	
		f organization: X Corporation Trust Association Other ►	L Year	of formation: 1992 N	State of legal domicile: PA
Pa	art I	Summary	<u> </u>		
ø	1	Briefly describe the organization's mission or most significant activities:			END BREAST
anc		CANCER THROUGH THE POWER OF ACTION AND ADV			
Governance	2	Check this box		1 1	ets. 20
Š	3				19
	I .	Number of independent voting members of the governing body (Part VI, line 1b)			0
ties	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
Activities &	6	Total number of volunteers (estimate if necessary)		<u>6</u> 7a	0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
			·····	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		276,515.	255,959.
Jue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ž		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		276,515.	255,959.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		99,295.	136,308.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
, be	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		110,872.	114,820.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		210,167.	251,128.
	19	Revenue less expenses. Subtract line 18 from line 12		66,348.	4,831.
S OF			Be	ginning of Current Year	End of Year
Assets (Balanci	20	Total assets (Part X, line 16)		50,156.	46,260.
it As	21	Total liabilities (Part X, line 26)		12,936.	4,209.
Inet		Net assets or fund balances. Subtract line 21 from line 20		37,220.	42,051.
Pa	art II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. T.

	Signature of officer		Da	to	
Sign	, .		Da		
Here		IDENT			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	MARK THOMAS	MARK THOMAS	11/09/2	22 self-employed P00362982	
Preparer	Firm's name 🕨 COUNCILOR, BUCHA		C. Fir	m's EIN ▶ 52-1711839	
Use Only	Firm's address 🕨 7910 WOODMONT AV	'E. STE. 500			
	BETHESDA, MD 208	14	Ph	one no.(301) 986-0600	
May the IRS discuss this return with the preparer shown above? See instructions					
132001 12-0	9-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2021)	

	990 (2021) NATIONAL BREAST CANCER COALITION	23-2693372	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	NBCC'S MISSION IS "TO END BREAST CANCER THROUGH THE PO		
	AND ADVOCACY." NBCC IS MADE UP OF ACTIVISTS WHO SET A RESEARCH AGENDA TO END BREAST CANCER AND USE THE POWER		
	ADVOCACY TO FIGHT THE BREAST CANCER STATUS QUO, OVERCO		
	Did the organization undertake any significant program services during the year which were not listed on the		
2			XNo
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		21 NO
2	Did the organization cease conducting, or make significant changes in how it conducts, any program service		XNo
3			
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services Section $501(a)(a)$ and $501(a)(d)$ exceptions are required to report the amount of grants and allocations to a		d
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	others, the total expenses, an	10
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 178,800. including grants of \$) (ii		
4a	(Code:) (Expenses \$178,800. including grants of \$) (i PUBLIC INFORMATION & PUBLIC POLICY PROGRAMS - NBCC FOC	Revenue\$	~)
	POLICY ADVOCACY ON LEGISLATIVE PRIORITIES THAT ARE MOS		<u> </u>
	FURTHER THE MISSION OF ENDING BREAST CANCER THROUGH TH		
	ADVOCACY. SPECIFIC AREAS OF FOCUS INCLUDE LEGISLATION		<u>ייעה</u>
	WILL INCREASE FUNDING FOR BREAST CANCER RESEARCH; PROV		
	HIGH QUALITY HEALTH CARE AND CLINICAL TRIALS; AND EXPA		~E
	OF BREAST CANCER ADVOCATES EVERYWHERE BREAST CANCER DE		
	NBCC SELECTS ITS LEGISLATIVE PRIORITIES AFTER EXTENSIV		
	ENSURE THAT SCIENTIFIC EVIDENCE IS INTEGRATED INTO PUB		
	THE GOAL OF ENDING BREAST CANCER.	DIC FODICI WIII	.1
	THE GOAD OF ENDING DREADT CANCER:		
46		Revenue \$	<u>`</u>
4b	(Code:) (Expenses \$ including grants of \$) (I	Revenue \$)
4.			
4c	(Code:) (Expenses \$ including grants of \$) (including grants of \$)	revenue \$)
	Other program convises (Deservice on School vice O.)		
4d	Other program services (Describe on Schedule O.)	X.	
A -	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 178,800.)	
4e	Total program service expenses ► 178,800.	Q	90 (2021)
4000-		Form 9	 (2021)
132002	2 12-09-21 3		

Form	aan	(2021)

 Form 990 (2021)
 NATIONAL BREAST CANCER COALITION

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	<u> </u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	<u></u>	
128		12a	х	
h	Schedule D, Parts XI and XII	120	- 11	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u> </u>		<u> </u>
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
132003	12-09-21	Form	990	(2021)

132003 12-09-21

Form	aan	(2021)
FUIII	990	(2021)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		-	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
28				
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
•	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	110
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1b 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		1c	Х	
12000				l (2021)
132004	ا 12-09-21 ۲	Form	550	(2021)

.021)	NATIONAL				
Statement	s Regarding Othe	er IRS Filing	gs and Tax	Compliance	(continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions			3a		х
				3b		<u>_</u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a			่วม		
чa	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		х
b	If "Yes," enter the name of the foreign country \blacktriangleright	coouri	····	ти		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	count	s (FBAR).			
5a				5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a	Х	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?			6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).		N/A			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	to file Form 8282?			7c	_	
d						
e						
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						X
 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 					N/ N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h	11/	
0	sponsoring organization have excess business holdings at any time during the year?	•	NT / 7	8		
9	Sponsoring organizations maintaining donor advised funds.					
а			N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholdersN/A	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		, 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		N / A	120		
d	Is the organization licensed to issue qualified health plans in more than one state?		11/A	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
5	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
	Did the supervised in the second state of the index of the second state of the second			14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	1e?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	•	/ -			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		
	If "Yes," complete Form 6069.			F	000	(000 1)
132005	12-09-21 6			Form	330	(2021)

14061109 759370 50238.0000

Form 990 (2021)

Part V

Form	990	(2021)

TONAL BREAST CANCER COALTTON

23-2693372

Form	990 (2021) NATIONAL BREAST CANCER COALITION		23-2693	372	Р	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 to	hrough 7b	below, and for a	"No" ı	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any	other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct su	ipervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was fi	ed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one	or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockholde	rs, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the fo	llowing:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at th	e			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Co	de.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, at	filiates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before fi	ling the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflict	s?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ")	/es," desc	ribe		_	
				1	37	

	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
i	a The organization's CEO, Executive Director, or top management official	15a		X
I	o Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
	J If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
~				

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed 🕨 AL , AR , CA , FL , GA , HI , IL , KS , KY , MA , MD , MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available			
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial			
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨			
	THE ORGANIZATION - 202-296-7477			
	2001 L STREET, NW, 500, WASHINGTON, DC 20036			
13200	5 12-09-21 SEE SCHEDULE O FOR FULL LIST OF STATES Form 990 (2021)			
	7			

Form 990 (2021)	NATIONAL BREAST CANCER COALITION	23-2693372	Page 7
Part VII Compens	sation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
Employee	es, and Independent Contractors		
Check if Sch	nedule O contains a response or note to any line in this Part VII		
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this table t	for all persons required to be listed. Report compensation for the calendar year end	ing with or within the organization'	s tax year.
 List all of the organ 	nization's current officers, directors, trustees (whether individuals or organizations)	, regardless of amount of compens	sation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	-	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) FRANCES VISCO	6.00									
PRESIDENT	46.00	Х		х				22,911.	175,652.	21,313.
(2) MELANIE WYNE	8.00									
CHIEF POLICY OFFICER	32.00					X		37,166.	148,665.	11,024.
(3) MICHELLE TREGEAR	1.00									
CHIEF PROGRAMS OFFICER	39.00					X		4,480.	174,737.	13,903.
(4) KRISTIN WALEGA	2.00									
CHIEF OPERATING OFFICER	38.00			Х				7,268.	138,090.	10,338.
(5) DONIELLE GRIFFIN	2.00									
SENIOR DEVELOPMENT MANAGER	38.00					X		5,832.	110,813.	12,935.
(6) WANDA LUCAS	1.00									-
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) MICHELE RAKOFF	1.00									-
SECRETARY	1.00	Х		Х				0.	0.	0.
(8) BETH EMERY	1.00								•	•
TREASURER	1.00	Х		Х				0.	0.	0.
(9) BONNIE ANDERSON	1.00								•	•
TRUSTEE	1 0 0	Х						0.	0.	0.
(10) RHONDA TURNER	1.00								•	•
TRUSTEE	1 0 0	Х						0.	0.	0.
(11) JERRY WORDEN	1.00								0	0
TRUSTEE	1 00	X						0.	0.	0.
(12) ANN FONFA	1.00							0	0	0
TRUSTEE	1 00	X						0.	0.	0.
(13) CAROL MATYKA	1.00							0	0	0
TRUSTEE	1 00	X						0.	0.	0.
(14) CHRISTINE CARPENTER	1.00							0	0	0
TRUSTEE	1 00	Х						0.	0.	0.
(15) SHERRY GOLDMAN	1.00							0	0	0
TRUSTEE	1.00	X						0.	0.	0.
(16) FRANCESCA VOGEL	1.00								0	<u>^</u>
TRUSTEE	1 00	Х				-		0.	0.	0.
(17) JUDI HIRSHFIELD -BARTEK	1.00	v						0.	0	0.
TRUSTEE	1.00	Х						0.	0.	Eorm 990 (2021)

132007 12-09-21

Form **990** (2021)

8

	AL BREAST	CA	NC	ER	. C	COA	ΓI	TION	23-26	<u>593</u> .	372	Pa	age 8
Part VII Section A. Officers, Directors, T	rustees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	age Position (do not check more than one box, unless person is both an					an	(D) Reportable compensation from	(E) Reportable compensatio from related	on J	am	(F) timate iount o other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	SC/	fro orga anc	pensat om the anizati d relate nizatio	e ion ed
(18) VALENCIA ROBINSON TRUSTEE	1.00	x						0.		ο.			0.
(19) ROSE MARIE SITKO	1.00												
IRUSTEE (20) CHRISTINE NORTON	1.00	X						0.		0.			0.
IRUSTEE	1.00	X						0.		0.			0.
(21) ASTRID JIMENEZ TRUSTEE	1.00	x						0.		0.			Ο.
(22) IVIS FEBUS-SAMPAYO	1.00												
TRUSTEE (23) MARYLINN MINOR	1.00	Х						0.		0.			0.
IRUSTEE	1.00	x						0.		Ο.			0.
(24) JOY SIMHA TRUSTEE	1.00	x						0.		0.			0.
													-
		1							747 01				1.0
1b Subtotal c Total from continuation sheets to Par								77,657.	747,95	0.	65	9,51	<u>13.</u> 0.
d Total (add lines 1b and 1c)								77,657.	747,95		69	9,51	
2 Total number of individuals (including by compensation from the organization		ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	;			0
3 Did the organization list any former offi	cer director trust	ee k	(ev e	mol	ove	e or	hia	best compensated empl	ovee on	ſ		Yes	No
line 1a? If "Yes," complete Schedule J f			-	•	•		•	•			3		Х
4 For any individual listed on line 1a, is the											4	x	
and related organizations greater than \$Did any person listed on line 1a receive											4		
rendered to the organization? If "Yes," of	complete Schedule	ə J fe	or su	ch į	oers	on .					5		Х
Section B. Independent Contractors	t componented inc		ndor	, t or	ontre	actor	o th	at received more than ¢	100 000 of com		ion fro		
1 Complete this table for your five highest the organization. Report compensation										ensa		m	
(A) Name and busin	ess address	NC	ONE	2				(B) Description of s	ervices	С	(C omper		n
2 Total number of independent contractor	rs (including but no	ot lir	nited	l to '	thos	se lis	ted	above) who received mo	ore than				

\$100,000 of compensation from the organization **b**

Form 990 (2021)

132008 12-09-21

Pa	rt V		Statement of Rev	venue						
			Check if Schedule O c	ontains a	response	or note to any line	e in this Part VIII	(B)	(0)	
								(B) Related or exempt		(D) Revenue excluded
							Total revenue	function revenue	business revenue	from tax under
										sections 512 - 514
ts ts	1	а	Federated campaigns		1a					
ran		b	Membership dues		1b					
۵ G		с	Fundraising events		1c					
ar A			Related organizations		1d	200,000.				
S, G			Government grants (contri		1e					
ŝ			All other contributions, gifts, g	-						
her			similar amounts not included		1f	55,959.				
oti		g	Noncash contributions included in li		1g \$	· · ·				
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f				255,959.			
0.0						Business Code				
	2	a								
/ice	2	a b								
ier, ue										
n S Ven		c								
graı Rev		d								
Program Service Revenue		e								
Δ.			All other program service r							
			Total. Add lines 2a-2f							
	3		Investment income (includ							
			other similar amounts)							
	4		Income from investment or		• •	· · · ·				
	5		Royalties							
				(i)) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses \dots	6b						
		с	Rental income or (loss)	6c						
		d	Net rental income or (loss)	<u> </u>		►				
	7	а	Gross amount from sales of	(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
ne			and sales expenses	7b						
Revenue		с	Gain or (loss)	7c						
Re		d	Net gain or (loss)			►				
			Gross income from fundraisin							
Other			including \$							
			contributions reported on							
			Part IV, line 18							
			Less: direct expenses							
			Net income or (loss) from f		······ —					
			Gross income from gaming	-						
	-	~	Part IV, line 19	-						
		b	Less: direct expenses							
			Net income or (loss) from g		····· —	· · · · · · · · · · · · · · · · · · ·				
			Gross sales of inventory, le							
	10	u	and allowances							
		h	Less: cost of goods sold							
					····· —					
		U	Net income or (loss) from s	Salts UI III	entory .	Business Code				
sn	44					Lucincos Odde				
oer Neo	11									
ven		b								
Miscellaneous Revenue		C						+		
Ϊ			All other revenue							
			Total. Add lines 11a-11d				255,959.	0.	0.	0.
	12		Total revenue. See instructio	115			455,959.	0.	1 0.	Form 990 (2021

NATIONAL BREAST CANCER COALITION

Form 990 (2021)

Page **9**

23-2693372

NATIONAL BREAST CANCER COALITION Part IX Statement of Functional Expenses

Check if Schedule O contains a res				
o not include amounts reported on lines 6b, n, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organization	ons			
and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and fore	ign			
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors,				
trustees, and key employees	33,155.	26,457.	3,150.	3,548
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
Other salaries and wages	84,385.	67,393.	8,029.	8,96
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	3,539.	2,886.	352.	30
Other employee benefits		6,713.	792.	1,05
Payroll taxes	6,674.	5,230.	623.	82
Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	11 000		11,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25				
column (A), amount, list line 11g expenses on Sch		32,948.	512.	1,86
Advertising and promotion				
Office expenses		10,014.	4,583.	14,07
Information technology		15,999.	1,007.	48
Royalties				
Occupancy	0 0 1 -	1,749.	207.	35
Travel	543.		543.	
Payments of travel or entertainment expense	s			
for any federal, state, or local public officials				
Conferences, conventions, and meetings		4,773.	2,472.	
Interest		,	,	
Payments to affiliates				
Depreciation, depletion, and amortization				5,19
Insurance	0.7.6	689.	86.	20
above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (amount, list line 24e expenses on Schedule 0.)	A),			
a DATA PROCESSING	5,871.	3,949.	842.	1,08
		5,545.	V-12+	1,00
	-			
C				
d	-			
e All other expenses Total functional expenses. Add lines 1 through 24	e 251,128.	178,800.	34,398.	37,93
• • •		±/0,000.	54,390.	57,35
Joint costs. Complete this line only if the organizat				
reported in column (B) joint costs from a combined	ן נ ן			
educational campaign and fundraising solicitation.		1 4 6 0		1
Check here 🕨 🔀 if following SOP 98-2 (ASC 958-720)	5,131.	1,468.	1,817.	1,84 Form 990 (20

14061109 759370 50238.0000

11

14061109 759370 50238.0000

Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing

Savings and temporary cash investments 2 2 3 3 Pledges and grants receivable, net Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 1,575. 1,600. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 28,510. basis. Complete Part VI of Schedule D _____ 10a 20,292. 13,408. 8,218. b Less: accumulated depreciation _____ 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 50,156. 46,260. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 5,591. 98. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 7,345. 25 4,111. of Schedule D 12,936. 4,209. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 37,220. 42,051. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 37,220. 42,051. Total net assets or fund balances 32 32 50,156. 46,260. 33 Total liabilities and net assets/fund balances 33

Form **990** (2021)

(A) Beginning of year

35,173.

23-2693372 Page 11

1

(B) End of year

36,442.

Form 990 (2021)
Part X Balance Sheet

1

_	1 990 (2021) NATIONAL BREAST CANCER COALITION	23-2693	3372	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		4,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3.	7,2	20.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	42	2,0	51.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
•	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0			
22		0.	2a		х
20	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		20		
	separate basis, consolidated basis, or both:	ona			
	Separate basis, consolidated basis, or both.				
h			2b	х	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		20		
	consolidated basis, or both:	, Dasis,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
~	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit			
U	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch		20		
30	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
Jd		0	3a		x
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		Jd		- 23
u U	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	טו מעטונא, פאטומווו איווי טוו שטוופטעופ ט מוע עפטווטפ מווין אנטא נמגבוו נט עוועפועט אטון מעטונא			990	(2021)

Form **990** (2021)

132012 12-09-21

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

202

Employer identification number

N	ATIONAL BREAST CANCER COALITION	23-2693372
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(4) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	

	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Name of organization

NATIONAL BREAST CANCER COALITION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 N/A X Person Payroll 200,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

14061109 759370 50238.0000

Employer identification number

Page 2

23-2693372

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
123453 11-11	1-21		Schedule B (Form 990) (2021)

16

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

14061109 759370 50238.0000

2021.05000 NATIONAL BREAST CANCER CO 50238.01

Employer identification number

23-2693372

NATIONAL BREAST CANCER COALITION

Name of organization

Part II

Page 3

Schedule E Name of or	B (Form 990) (2021)		Page 4 Employer identification number
	ganzaton		
	NAL BREAST CANCER COALI		23-2693372
Part III	from any one contributor. Complete columns (a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
123454 11-11	-21		Schedule B (Form 990) (2021)

SCHEDULE C	Po	olitical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
(Form 990)		anizations Exempt From Income		-	7	2021
Department of the Treasury	Complete	if the organization is described I	pelow. 🕨 Attach to	Form 990 or Form 9	90-EZ.	Open to Public
Internal Revenue Service		Go to www.irs.gov/Form990 for in	nstructions and the la	test information.		Inspection
If the organization answ	wered "Yes," or	Form 990, Part IV, line 3, or Form	m 990-EZ, Part V, line	e 46 (Political Campa	aign Activ	rities), then
 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not comp	olete Part I-C.			
		01(c)(3)) organizations: Complete Pa	arts I-A and C below. I	Do not complete Part	I-B.	
 Section 527 organization 	•					
-		Form 990, Part IV, line 4, or Form			-	
		have filed Form 5768 (election under		•		
		nave NOT filed Form 5768 (election		•		•
Tax) (See separate inst	-	Form 990, Part IV, line 5 (Proxy	rax) (See separate in	structions) or Form	990-EZ, I	Part V, line 35C (Proxy
		ions: Complete Part III.				
Name of organization					Emplove	r identification number
0	NATIONA	L BREAST CANCER CO	DALITION			3-2693372
Part I-A Comple		anization is exempt under		r is a section 52		
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.		
2 Political campaign	activity expendit	ures			▶\$	
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	ete if the org	anization is exempt under				
		incurred by the organization under				
		incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				Yes No
						Yes No
b If "Yes," describe in Part I-C Comple		anization is exempt under	section 501(c), e	except section 5	01(c)(3)	_
-		by the filing organization for section		-	► \$	
		ization's funds contributed to othe			• • <u> </u>	
exempt function ac			-		▶\$	
•		. Add lines 1 and 2. Enter here and			· · _	
					▶\$	
						Yes No
5 Enter the names, a	ddresses and en	ployer identification number (EIN)				filing organization
made payments. Fo	or each organiza	tion listed, enter the amount paid f	rom the filing organiza	tion's funds. Also ent	er the am	ount of political
		omptly and directly delivered to a s			parate seg	gregated fund or a
political action com	mittee (PAC). If	additional space is needed, provide	e information in Part IV	/.		
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid fr		(e) Amount of political
				filing organizatior funds. If none, ente		ntributions received and promptly and directly
						lelivered to a separate
						political organization. If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990) 2021

132041 11-03-21

Schedule C (Form 990) 2021	IOITAN	NAL BR	EAST CANCER	COALITION	23-2	2693372 Page 2
Part II-A Complete if the orga	anizatio	n is exen	npt under sectio	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).						
00		•	• • •	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share B Check ► if the filing organizat		, 0	expenditures). nd "limited control" pro	avisiona apply		
					(a) Filing	(b) Affiliated group
		ying Experence eans amou	nditures nts paid or incurred.)	organization's totals	totals
1a Total lobbying expenditures to influ	ence publ	c opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	ence a leg	islative boo	ly (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and	1b)				
d Other exempt purpose expenditure						
e Total exempt purpose expenditures	add lines	1c and 1d)			
f Lobbying nontaxable amount. Ente	r the amou	int from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) or	[.] (b) is:	The lob	bying nontaxable am	iount is:		
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000	,		0 plus 15% of the exc	· · · · · ·		
Over \$1,000,000 but not over \$1,50			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0	000,000		0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
	OF0/ -f	line 14				
 g Grassroots nontaxable amount (ent h Subtract line 1g from line 1a. If zero 						
	,					
Subtract line 11 from line 1c. If zeroj If there is an amount other than zer			line 11 did the organiz			
reporting section 4911 tax for this y						Yes No
			eraging Period Under			
(Some organizations th	at made a	section 5		have to complete all o	of the five columns b	elow.
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures					Calcad	ule C (Form 990) 2021

C (Form 990) 2

132042 11-03-21

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t)
of the	e lobbying activity.	Yes	Νο	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? \dots				
с А	Media advertisements?				
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities? Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		Х
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al			
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A line 1: Part I-B line 4: Part I-C line 5: Part II-A (affiliated group	list) [.] Part II-A	lines 1 a	nd 2 (See	

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

SCHEDULE	D
----------	---

(Form	990)
-------	------

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Nam	e of the organization NATIONAL BREAST CAI	NCER COALITION		Employer identification number 23-2693372
Par			nds or Acc	
	organization answered "Yes" on Form 990, Part IV, lin			Complete il tre
	5	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year			
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		al da al funcio	
5	Did the organization inform all donors and donor advisors in	-		
6	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
Par	impermissible private benefit? t II Conservation Easements. Complete if the org			
			90, Fait IV, II	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea			ically important land area
	Protection of natural habitat		on of a certific	ed historic structure
•	Preservation of open space	·		
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	led conservation contribution in the fo	orm of a cons	Held at the End of the Tax Yea
_				
			Г	2a
b				2b
c	Number of conservation easements on a certified historic structure of conservation easements included in (a)			2c
d	Number of conservation easements included in (c) acquired a			
•	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by	/ the organiza	ation during the tax
	year ▶	and the transferration of the		
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing	conservation	easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hance	lling of violations, and enforcing cons	ervation ease	ements during the year
•				
8	Does each conservation easement reported on line 2(d) abov	, ,	()()()()	
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	iote to the organization's financial sta	tements that	describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or	r Other Sir	nilar Assots
1 41	Complete if the organization answered "Yes" on Form			
4.				
та	If the organization elected, as permitted under FASB ASC 95	, , , , , , , , , , , , , , , , , , , ,		
	of art, historical treasures, or other similar assets held for pub			e of public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
-				► \$
2	If the organization received or held works of art, historical tre		ncial gain, pr	ovide
	the following amounts required to be reported under FASB A	-		
	Revenue included on Form 990, Part VIII, line 1			▶ \$
b	Assets included in Form 990, Part X			► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
132051 10-28-21	

14061109 759370 50238.0000

21

2021.05000 NATIONAL BREAST CANCER CO 50238.01

Schedule D (Form 990) 2021

Sche		L BREAST							93372		age 2
Par	t III Organizations Maintaining C	ollections of	i Art, His	torical Tre	easures, or	Other S	Similar A	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other re	cords, chec	k any of the	following that	make sign	ificant use	e of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌	Loan or exc	hange progra	ım					
b	Scholarly research		e	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and ex	plain how t	hey further th	ne organizatio	n's exemp	t purpose	in Part 2	XIII.		
5	During the year, did the organization solicit o	r receive donatio	ons of art, h	istorical trea	sures, or othe	r similar as	sets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		mplete if th	e organizatio	on answered "	Yes" on Fo	orm 990, P	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other inter	mediary for	contribution	s or other ass	ets not inc	luded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete th	e following	table:							
									Amoun	t	
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1 f		7		1
	Did the organization include an amount on Fo					-	?	ட	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										
Fai		ŭ			(c) Two year			re back		voaro	back
		(a) Current ye	ai (D)	Prior year	(C) Two year	S DACK (U	j Thiee year	IS DAUK	(e) Four	years	Dack
1a	Beginning of year balance										
D											
C J	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance	ant year and he									
2	Provide the estimated percentage of the curr Board designated or quasi-endowment		Marice (iine i %	rg, column (a)) Helu as.						
a b	Permanent endowment		90								
c		%									
U	The percentages on lines 2a, 2b, and 2c sho										
39	Are there endowment funds not in the posse			at are held a	nd administer	ed for the (oraanizatio	n			
ou	by:						gamzato	211]	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form	990, Part I	V, line 11a. S	See Form 990,	, Part X, lin	e 10.				
	Description of property	(a) Cost	or other	(b) Cos	t or other	(c) Acc	umulated		(d) Boo	k valu	e
		1	vestment)	• • •	(other)	• •	eciation		.,		
1a	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other			2	8,510.	2	20,292	2.		8,2	18.
Tota	. Add lines 1a through 1e. (Column (d) must e		Part X. colu	mn (B). line 1	0c.)					8,2	
							Sc	hedule	D (Forn	n 990)	2021

Schedule [D (Form 990) 2021 NATIONAL BR	EAST CANCER C	OALITION	23-2693372 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
(a) Descri	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
.,	sial derivatives			
	y held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
<u>(G)</u>				
(H)	(h)			
Part VII	(b) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related. Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990. Part X	line 13
	(a) Description of investment	(b) Book value		on: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X	, line 15.
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B) lin	e 15.)		······ •
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990,	
<u>1.</u>	(a) Description of liability			(b) Book value
				A 111
	UE TO AFFILIATE			4,111.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Totol (0, 1		25.)		▲ 4,111.
	lumn (b) must equal Form 990, Part X, col. (B) lin			
	y for uncertain tax positions. In Part XIII, provide zation's liability for uncertain tax positions under			
organi	zation 5 hability for uncertain tax positions under	1 730 730 140. UNECK NE		

132053 10-28-21

Schedule D (Form 990) 2021

	dule D (Form 990) 2021 NATIONAL BREAST CANCER CO.			93372 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem		e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	255,959.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	255,959.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
				2EE 0E0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			255,959.
5 Ра	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.)</i>	ments With Expens	ses per Return.	<u> </u>
5 Ра	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With Expens	ses per Return.	
5 Ра 1	rt XII Reconciliation of Expenses per Audited Financial Stater	ments With Expens	ses per Return.	255,959.
	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With Expens	ses per Return.	
1	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	2a.	ses per Return.	
1	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With Expens 2a 2a 2a	ses per Return.	
1 2 a	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	Image: Approximation of the second	ses per Return.	
1 2 a b	TXII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a 2a 2a 2b 2c	ses per Return.	
1 2 b c d	TXII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a 2a 2b 2c 2d	ses per Return. 1	251,128.
1 2 b c d	t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	2e	251,128.
1 2 b c d e	t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2a 2b 2c 2d	2e	251,128.
1 2 b c d 3	TXII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2a 2a 2b 2c 2d	2e	251,128.
1 2 6 6 6 8 3 4	T XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2a 2b 2b 2c 2c 2d 2d 2d	2e	251,128.
1 2 3 4 4	T XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2a. 2b 2b 2c 2c 2d 2d 2d	2e 3	251,128. 0. 251,128. 0.
1 2 d e 3 4 b c 5	XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2a. 2b 2b 2c 2c 2d 2d 2d	2e 3 4c	251,128. 0. 251,128.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

NBCC REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A
"MORE-LIKELY-THAN-NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR
EXPECTED TO BE TAKEN IN A TAX RETURN. NBCC DOES NOT BELIEVE ITS FINANCIAL
STATEMENTS INCLUDE, OR REFLECT, ANY UNCERTAIN TAX POSITIONS.
NBCC'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX RETURNS IS
SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE GENERALLY FOR THREE
YEARS AFTER IT IS FILED.

132054 10-28-21

Part XIII	Supplemental Information (continued)	
132055 10-28-2	-21	Schedule D (Form 990) 2021

14061109 759370 50238.0000

SC	HEDULE J		OMB No. 1	545-004	47	
(Fo	rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest	F	20	01	
•		Compensated Employees		20	Z	1
Deres		 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio		Employer i	identificatio	on nui	nber
		NATIONAL BREAST CANCER COALITION	23-2	269337	2	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	X First-class or o	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnifie	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b	Х	
2	Did the organizatio					
	trustees, and office		2	Х		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	i			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	n committee Written employment contract				
	Independent of	compensation consultant Compensation survey or study				
	Form 990 of c	ther organizations Approval by the board or compensation of	ommittee			
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severand	e payment or change-of-control payment?		<u>4a</u>		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					37
						X
b		ation?		5 b		X
		or 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					77
						X
b		ation?		6b		X
_		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				77
~		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie			77
_				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2021

132111 11-02-21

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) FRANCES VISCO	(i)	22,911.	0.	0.	590.	1,869.	25,370.	0.
PRESIDENT	(ii)	175,652.	0.	0.	4,523.	14,331.	194,506.	0.
(2) MELANIE WYNE	(i)	37,166.	0.	0.	210.	1,994.	39,370.	0.
CHIEF POLICY OFFICER	(ii)	148,665.	0.	0.	842.	7,978.	157,485.	0.
(3) MICHELLE TREGEAR	(i)	4,480.	0.	0.	107.	241.	4,828.	0.
CHIEF PROGRAMS OFFICER	(ii)	174,737.	0.	0.	4,174.	9,381.	188,292.	0.
(4) KRISTIN WALEGA	(i)	7,268.	0.	0.	28.	489.	7,785.	0.
CHIEF OPERATING OFFICER	(ii)	138,090.	0.	0.	525.	9,296.	147,911.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

OFFICER COMPENSATION IS DETERMINED BY THE NATIONAL BREAST CANCER COALITION

FUND, A RELATED PARTY. THE PRESIDENT'S SALARY IS DETERMINED BY THE BOARD'S

EXECUTIVE COMMITTEE. THEY REVIEW HER SALARY ANNUALLY, COMPARE IT TO PEERS

AT OTHER ORGANIZATIONS, AND DETERMINE AN INCREASE (IF APPLICABLE).

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



NATIONAL BREAST CANCER COALITION

23-2693372

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TRUE PROGRESS IN SAVING LIVES, AND EMPOWER AND TRAIN SURVIVORS AND

ADVOCATES TO BE LEADERS FOR THIS CAUSE.

FORM 990, PART VI, SECTION A, LINE 6:

THERE SHALL BE ONE CLASS OF MEMBERSHIP IN THIS CORPORATION. TO BECOME A

AN INDIVIDUAL OR ENTITY MUST SUPPORT THE NBCC MISSION MEMBER.

AFFIRMATIVELY ACCEPT THE COALITION'S INVITATION TO BECOME A MEMBER, AND

AFFIRM THEIR MEMBERSHIP BY PAYMENT OF A DESIGNATED INITIATION FEE AND

ANNUAL DUES. MEMBERS OF THIS CORPORATION SHALL BE ENTITLED TO ATTEND THE

CORPORATION'S ANNUAL MEETING, BUT NO MEMBER SHALL HAVE ANY VOTING RIGHTS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY PRESIDENT & AUDIT COMMITTEE CHAIR PRIOR TO

SIGNATURE. 990 IS SHARED WITH FULL BOARD PRIOR TO FILING WITH IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

POLICY IS REVIEWED WITH FULL PRESENTATION DURING BOARD ORIENTATION (FOR NEW AND RETURNING MEMBERS) EACH YEAR. ALL BOARD AND STAFF, AFTER REVIEWING UPDATED LIST OF VENDORS, COMPLETE NEW FORMS ANNUALLY STATING ANY CONFLICT

OF INTERESTS.

LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: FORM 990, PART VI,

AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MN, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, UT

VA,WI,WV

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization	Employer identification numbe
NATIONAL BREAST CANCER COALITION	23-2693372
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS (INCLUDING THE 990), GOVERNING DOCUM	IENTS (INCLUDING
THE 1023), AND THE CONFLICT OF INTEREST POLICY ARE AVAIL	BLE UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	32,948.
MANAGEMENT AND GENERAL EXPENSES	512.
FUNDRAISING EXPENSES	1,864.
TOTAL EXPENSES	35,324.
FOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	35,324.
FORM 990: PART XII, LINE 2C:	
THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT	
AND SELECTION OF INDEPENDENT ACCOUNTANT. THIS PROCESS HAS	NOT CHANGED
FROM PRIOR YEAR.	

132212 11-11-21

SCHEDULE R
(Form 990)

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL BREAST CANCER COALITION

Employer identification number 23 - 2693372

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
NATIONAL BREAST CANCER COALITION FUND -	TO EMPOWER & TRAIN BREAST						
52-1782065, 1010 VERMONT AVENUE, NW, SUITE	CANCER ADVOCATES TO BE						
900, WASHINGTON, DC 20005	EFFECTIVE IN EVERY ASPECT.	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	N/A		х
	-						
	-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 NATIONAL BREAST CANCER COALITION

23-2693372 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		-					1				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	te or entity (related, unicated, income end-or-year allocations? all		Predominant income Share of total Share of		Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ng ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
											_
										$\left \right $	<u> </u>
	1		1	1		1		L	1	<u> </u>	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)		0				Yes	No
									\square

Schedule R (Form 990) 2021 NATIONAL BREAST CANCER COALITION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X		
b	Gift, grant, or capital contribution to related organization(s)	1b		Х		
с	Gift, grant, or capital contribution from related organization(s)	1c	X			
	Loans or loan guarantees to or for related organization(s)	1d		X		
	Loans or loan guarantees by related organization(s)	1e		X		
f	Dividends from related organization(s)	1f		X		
	Sale of assets to related organization(s)	1g		X		
h	Purchase of assets from related organization(s)	1h		Х		
	Exchange of assets with related organization(s)	1i		Х		
	Lease of facilities, equipment, or other assets to related organization(s)	1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X			
o	Sharing of paid employees with related organization(s)	10	X			
р	Reimbursement paid to related organization(s) for expenses	1p		X		
q	Reimbursement paid by related organization(s) for expenses	1q		X		
r	Other transfer of cash or property to related organization(s)	1r		Х		
S	Other transfer of cash or property from related organization(s)	1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					

_

Schedule R (Form 990) 2021 NATIONAL BREAST CANCER COALITION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h) Dispro tiona allocation Yes	Code V-UBI amount in box 2 ons? of Schedule K-	(j) General of managin partner? Yes No	(k) Percentage ownership
						103			

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)								
print	NATIONAL BREAST CANCER COAL									
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 2001 L STREET, NW, 500									
return. See instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036									
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)							
Application			Application		Return					
Is For			Is For			Code				
Form 990 or Form 990-EZ			Form 1041-A			08				
Form 4720 (individual)		03	Form 4720 (other than individual)			09				
Form 990-PF		04	Form 5227			10				
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11				
Form 990-T (trust other than above)			Form 8870			12				
Form 99	00-T (corporation) THE ORGANIZATIO	07								
• If the • If this box • 1 Ir th • 2 If [the tax year entered in line 1 is for less than 12 months, c	Group Exe and atta NOVE1 anization's , an check rease	mption Number (GEN), I <u>ch a list with the names and TINs of</u> <u>MBER 15, 2022</u> , to file return for: d ending on: Initial return	f this is fo all membe	r the whole g ers the exten npt organizati	roup, check this				
3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.						0.				
	this application is for Forms 990-PF, 990-T, 4720, or 606s stimated tax payments made. Include any prior year overp	3b	\$	0.						
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.						0.				
Cautior instructi	If you are going to make an electronic funds withdrawal ions.	l (direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	TE for payment				
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2022)				

123841 01-12-22